

## VOLUNTEER INTEREST FORM

Name: _____	
Birthday: Month____Day____	
Address: _____	
Phone: (____)____-____	Preferred contact? __Yes__No
E-mail: _____	Preferred contact? __Yes__No

I am interested in volunteering:

Weekly

Other

What areas of work are you interested in? (Please check all that apply)

Administrative Support (filing, pulling charts, phone calls, etc.)

Audiology Department Aid

Processing mailings (newsletters, brochures, event invitations)

Serving as a member of the Auxiliary Group (planning fundraisers)

Volunteering at special events

Industrial health fair volunteer/Community Outreach volunteer

Speech-Language Department Aid

School Screening Aid

Short-term project: \_\_\_\_\_

**\*The Center for Hearing & Speech is open Monday-Friday 8:00 a.m.-5:00 p.m.**

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Volunteer positions take place during regular office hours. Special Events and Health Fairs take place in the evening and on weekends. Musical Mayhem, our annual fundraising event, occurs in February.

Are you volunteering to meet a requirement? \_\_Yes\_\_No

If yes, for what organization? \_\_\_\_\_

Number of required hours: \_\_\_\_\_ to be completed by: \_\_/\_\_/\_\_

How did you hear about volunteer opportunities at the Center?

\_\_\_\_\_

Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 years of age,

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By **signing** your name on the line above you give your child permission to volunteer at the Center for Hearing & Speech.*